

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
CHILD CARE REGULATORY SERVICES

**Household Member List**

Please list the name, age and date of birth of all person(s) who reside in your home including the operator and persons residing for longer than two weeks.

NAME	AGE	DATE OF BIRTH

**Emergency person(s), if applicable**

If you are planning to use or are using an individual as your **emergency person/back-up person, or if anyone will be helping you care for these children**, please list their name(s) below.

Name
1.
2.
3.

Please provide **detailed** directions from a major highway or street to your home.

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